

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MAXSON MANOR (0009569)

Address: 11250 W COLDSRING RD, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 01/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095448 **End Date:** 08/24/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090930 **End Date:** 08/06/2003 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008586 Served 09/11/2003

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------|--------------------------------|------------------|
| 83.15(1)(a) | STAFFING PATTERNS | 08/24/2005 | Yes |
| 83.32(2)(a) | INDIVIDUALIZED SERVICE PLAN-SCOPE | 08/24/2005 | Yes |
| 83.35(5)(c) | FROZEN AT 0 DEGREES F. OR BELOW | 08/24/2005 | Yes |

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 05/12/2005

Date Investigation Completed: 08/24/2005

Subject Area(s)

ADMINISTRATION

Result

SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 11/30/2004

Date Investigation Completed: 08/24/2000

Subject Area(s)

MEDICATIONS

ADMINISTRATION

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

NOT RECORDED

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